

UNITED STATES SENATE PUBLIC FINANCIAL DISCLOSURE REPORT FOR NEW EMPLOYEE AND CANDIDATE REPORTS

Last Name	First Name and Middle Initial	New Employee Report Date of Employment (Mo., Day, Yr.):	Senate Office/Agency in Which Employed
Senate/Candidate Office Address (Number, Street, City, State, and ZIP Code)	Senate/Candidate Office Telephone No. (Include Area Code)	Candidate Report Commencement of Candidacy (Mo., Day, Yr.):	State in which you are a candidate

AFTER READING THE INSTRUCTIONS - ANSWER EACH OF THESE QUESTIONS

<p>Did you or your spouse have earned income (e.g., salaries or fees) or non-investment income of more than \$200 from any reportable source in the reporting period? If yes, Complete and Attach PART II.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you hold any reportable positions during the reporting period? If yes, Complete and Attach PART VIII.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child receive unearned or investment income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, Complete and Attach PART IIIA and/or IIIB.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you have any reportable agreement or arrangement with an outside entity on the filing date? If yes, Complete and Attach PART IX.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>Did you, your spouse, or dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, Complete and Attach PART VII.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>Did you receive compensation of more than \$5,000 from a single source in the <u>two</u> prior years? If yes, Complete and Attach PART X.</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>

Each question must be answered and the appropriate PART attached for each "Yes" response.

File this report and any amendments with the Secretary of the Senate, Office of Public Records, Room 232, Hart Senate Office Building, U.S. Senate, Washington, D.C. 20510. \$200 Penalty for filing more than 30 days after due date.

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The statement will be made available by the Office of the Secretary of the Senate to any requesting person upon written application and will be reviewed by the Select Committee on Ethics. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, 104, and 18 U.S.C. 1001.)

For Official Use Only - Do Not Write Below This Line

Certification	Signature of Reporting Individual	Date (Month, Day, Year)
<i>I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge and belief.</i>		
For Official Use Only - Do Not Write Below This Line		
<i>It is the opinion of the reviewer that the statements made in this form are in compliance with Title I of the Ethics in Government Act.</i>	Signature of Reviewing Official	Date (Month, Day, Year)

Report the source (name and address), type, and amount of earned income to you from any source aggregating \$200 or more during the reporting period. For your spouse, report the source (name and address) and type of earned income which aggregate \$1,000 or more during the reporting period. No amount needs to be specified for your spouse (see page 3, Part B of the Instructions). Do not report income from employment by the U.S. Government for you or your spouse.

Individuals not covered by the Honoraria Ban:
 For you and/or your spouse, report honoraria income received which aggregates \$200 or more by exact amount, give the date of, and describe the activity (speech, appearance or article) generating such honoraria payment. Do not include payments in lieu of honoraria reported on Part I.

Name of Income Source		Address (City, State)	Type of Income	Amount
Example:	JP Computers MCI (Spouse)	EXAMPLE Wash., D.C. Arlington, VA	EXAMPLE Salary Salary	\$15,000 Over \$1,000
1				
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PART IIIA. PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A

Identity of Publicly Traded Assets and Unearned Income Sources

Report the complete name of each publicly traded asset held by you, your spouse, or your dependent child (see page 3, Part B of the Instructions), for production of income or investment which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
 (2) generated over \$200 in "unearned" income during the reporting period.

Include on this Part IIIA a complete identification of each public bond, mutual fund, publicly traded partnership interest, excepted investment funds, bank accounts, excepted and qualified blind trusts, and publicly traded assets of a retirement plan.

S, DC or J
Example: IBM Corp. (stock) NYSE
 Keystone Equity Fund (widely diversified)

BLOCK B

Valuation of Assets

At close of reporting period.
 If none, or less than \$1,001, check the 1st column.

None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000
		x									
			x								

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

Type of Income								Amount of Income											
Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other <i>(Specify Type)</i>	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount Required if "Other" Specified
x								x											

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART IIIB. NON-PUBLICLY TRADED ASSETS AND UNEARNED INCOME SOURCES

BLOCK A

**Identity of Non-Publicly Traded Assets
and
Unearned Income Sources**

Report the name, address (city, state), and description of each interest held by you, your spouse, or your dependent child (see page 3, Part B of the Instructions) for the production of income or investment in a non-public trade or business which:

- (1) had a value exceeding \$1,000 at the close of the reporting period; and/or
- (2) generated over \$200 in income during the reporting period.

Include the above report for each underlying asset which is not incidental to the trade or business. Publicly traded assets held by a non-public entity may be listed on Part IIIA.

BLOCK B

Valuation of Assets

At close of reporting period.
If none, or less than \$1,001,
check the 1st column.

BLOCK C

Type and Amount of Income

If "None (or less than \$201)" is checked, no other entry is needed in Block C for that item. This includes income received or accrued to the benefit of the individual.

		BLOCK B								BLOCK C																						
		Valuation of Assets								Type of Income				Amount of Income																		
		None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	None (or less than \$201)	Dividends	Rent	Interest	Capital Gains	Excepted Investment Fund	Excepted Trust	Qualified Blind Trust	Other (Specify Type)	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	Over \$5,000,000	Actual Amount		
S, DC or J	Example:			x						x									x													
	JP Computers, Wash., D.C. (Computer Sales)																															
	Undeveloped land in Dubuque, Iowa																															
1																																
2																																
3																																
4																																
5																																
6																																
7																																

EXEMPTION TEST (see instructions before marking box): If you omitted any asset because it meets the three-part test for exemption described in the Instructions, please check here. ☐

*** This category applies only if the asset is/was held independently by the spouse or dependent child. If the asset is/was either held by the filer or jointly held, use the other categories of value, as appropriate.

PART VII. LIABILITIES

Report liabilities over \$10,000 owed by you, your spouse, or dependent child (see page 3, Part B of the Instructions), to any one creditor at any time during the reporting period. Check the highest amount owed during the reporting period. **Exclude:** (1) Mortgages on your personal residences unless rented; (2) loans secured by automobiles, household furniture or appliances; and (3) liabilities owed to certain relatives listed in Instructions. See Instructions for reporting revolving charge accounts.

Name of Creditor		Address of Creditor	Type of Liability	Date Incurred	Interest Rate	Term if Applicable	Category of Amount of Value (x)											
							\$10,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000***	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	
S, DC or J	Example:	First District Bank	Washington, D.C. EXAMPLE	Mortgage on undeveloped land EXAMPLE	1991	13%	25yrs.			X								
		John Jones	Washington, D.C. EXAMPLE	Promissory note EXAMPLE	1989	10%	on demand					X						
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2																		
3																		
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EXEMPTION TEST (see instructions before marking box): If you omitted any liability because it meets the three-part test for exemption described in the Instructions, please check here. ☐

***This category applies only if the obligation was solely that of the spouse or dependent child. If the obligation was the filer's or a joint obligation with the spouse or dependent child, use the other categories, as appropriate

Report any positions held by you during the applicable reporting period whether compensated or not. Positions include, but are not limited to those of an officer, director, trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit organization or educational institution. Both the year and month must be reported for the period of time that the position was held.

Exclude: Positions with federal government, religious, social, fraternal, or political entities, and those solely of an honorary nature.

Name of Organization		Address of Organization	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo., Yr.)
Example:	Nat'l Assn. of Rock Collectors	NY, NY EXAMPLE	Non-profit education EXAMPLE	President EXAMPLE	6/90	Present
	Jones & Smith	Hometown, USA EXAMPLE	Law firm EXAMPLE	Partner EXAMPLE	7/85	11/00
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Compensation in excess of \$200 from any position must be reported in Part II.

PART IX. AGREEMENTS OR ARRANGEMENTS

Report your agreements or arrangements for future employment (including agreements with a publisher for writing a book), leaves of absence, continuation of payment by a former employer (including severance payments), or continuing participation in an employee benefit plan. See Instructions regarding the reporting of negotiations for any of these arrangements or benefits.

Status and Terms of any Agreement or Arrangement
Parties
Date
Example:

Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on services performed through 11/9X and retained pension benefits (diversified, independently managed, fully funded, defined contribution plan)

Jones & Smith, Hometown, USA

EXAMPLE

1/83

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PART X. COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**FIRST TIME FILERS ONLY:**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any non-profit organization when you directly provided the services to the clients and/or customers of the firm that generated a fee or payment of more than \$5,000. You need not report the U.S. Government as a source.

Name of Source		Address of Source	Brief Description of Duties
Example:	Jones & Smith	EXAMPLE Hometown, TX	EXAMPLE Legal services
	Metro University (client of Jones & Smith)	EXAMPLE Moneytown, USA	EXAMPLE Legal services in connection with university construction
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